

10/500228

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10/500228**
FILING DATE
ATTORNEY
COSTS

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.			6			
TOTAL DEP.			↓			↓
TOTAL CLAMS			34			←
TOTAL CLAMS			30			←

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL DEP.			↓			↓
TOTAL DEP.			←			←
TOTAL CLAMS			30			←
TOTAL CLAMS			30			←

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